



**FETAL DIAGNOSTIC CENTER**  
1319 Punahou St., Suite 540 / Honolulu, HI 96826  
Phone (808) 983-8559  
Fax (808) 983-8989

**FDC ORDER / REFERRAL FORM**

Patient Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ LMP: \_\_\_\_\_ EDC: \_\_\_\_\_ (circle one) By US/By Pt. EGA: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_  
Requesting Physician: \_\_\_\_\_ Office/Clinic Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Office Contact Name: \_\_\_\_\_  
Interpreter Requested YES NO Language \_\_\_\_\_

If MFM recommends additional testing, do you want FDC to order and schedule the service?  Yes  No

**Ultrasound Services Requested:**

- CPT: 76801 Obstetric US - first trimester
- CPT: 76805 US OB > or = 14wks  
++Anatomy scan
- CPT: 76817 Transvaginal Ultrasound
- CPT: 76825/76827/93325 Fetal Echocardiogram
- CPT: 76946/59000 Amniocentesis, includes genetic counseling
- CPT: 76945/59015 CVS, includes genetic counseling
- CPT: 59025/76815 NST/AFI
- CPT: 76818 BPP w/NST
- Cell Free DNA Testing with US, includes genetic counseling
- Cell Free DNA pending resulted \_\_\_\_\_

**Indications for ultrasound**

- ICD 10: Z36.9 First trimester Screening
- ICD 10: Z36.87 Unsure dates or LMP
- ICD 10: Z36.0 Fetal anomaly (anomaly \_\_\_\_\_)
- ICD 10: O09.529 AMA, (>= 35 years old)
- ICD 10: O26.849 Growth: size> dates, size<date
- ICD 10: Z36.86 Cervical length, transvaginal
- ICD 10 O46.90 Vaginal bleeding
- ICD 10: O11.9/O10.919 HTN
- ICD 10: O99.810 Gestational diabetes
- ICD 10: O24.919/E11.9 Pregestational diabetes
- ICD 10: O09.219 History of preterm delivery
- Other \_\_\_\_\_

**\*\* Referring office to obtain authorization for initial ultrasound procedure (Ohana/Tricare Prime/VA insurance) \*\***

**\* Referring office to obtain authorization for Sweeter Choice-CPT S9140- (Tricare use G0108/AFL-PSWA/HMA/HI LABORERS)\***

**OTHER SERVICES**

**Maternal Fetal Medicine Consult:**

- One Time Consult only, recommendations provided
- Consult with ongoing co-management of problems  
(Referring provider remains as the primary OB)
- Pre-conception counseling

**Sweeter Choice Program:**

- Gestational Diabetes
- Pregestational Diabetes

**Genetic Counseling:**

- Genetic Counseling ONLY (includes testing)
- Genetic Counseling PLUS MFM Consult for other issues

Please specify problems you would like the MFM to manage at consultation:

\_\_\_\_\_

Please Fax (808-983-8989) the following records that are relevant to the patient's diagnosis:

- Demographics with Insurance card copies (front & back primary & secondary insurance)
  - Labs, imaging reports and genetic testing results (previous carrier screenings, Harmony, etc)
  - Current prenatal records
  - Other relevant medical records (consults such as cardiology, rheumatology, etc.)
  - For HMO/Quest Ohana/Tricare/VA – please send insurance referral/authorization
- ++Please allow our office 48 hours to schedule appointments and respond back++**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_